

Attn: DO/US

IN THE UNITED STATES DESIGNATED OFFICE (DO/US)

In re: Dickey *et al.*

International Appl. No.: PCT/US2004/011965

International Filing Date: 16 April 2004

U.S. Appl. No.: 10/574,046

For: ALPHA INTERFERON VARIANTS

Docket No.: 040989/309915

Customer No.: 00826

Mail Stop PCT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☒ Applicant claims small entity status. See 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
TOTAL	* 89	** 34	= 55	X 25=	\$ 1,375	X 50=	\$
INDEP	* 10	*** 4	= 6	X 100=	\$ 600	X 200=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+180=	\$	+360=	\$
				TOTAL ADD FEE \$ 1,975		OR TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

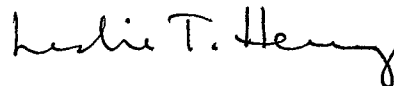
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent)

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is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☒ **Please charge my Deposit Account No. 16-0605 in the amount of \$1,975.00.**
- ☐ A check in the amount \$ to cover the additional fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



Leslie T. Henry
Registration No. 45,714
Agent of Record

CUSTOMER NO. 00826
ALSTON & BIRD LLP
Bank of America Plaza
101 South Tryon Street, Suite 4000
Charlotte, NC 28280-4000
Tel Raleigh Office (919) 862-2200
Fax Raleigh Office (919) 862-2260

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